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(1) The regional direct input price adjustment factor (RDIPAF) as contained in subparagraphs (c)(4) (iv) and (vii) of this section, the regional indirect input price adjustment factor (RIIPAF), as contained in subparagraph (d)(4) (vi) and paragraph (d) (5) of this section and the regional input price adjustment factor as contained in subparagraph (iv) of paragraph (4) of subdivision (e) of this section, hereinafter referred to as factors shall, be based on the regional average dollar per hour (RAP) calculated using the financial and statistical data required by section 86-2.2 of this Subpart, reported solely for 1983 calendar year operations, adjusted as follows:

(i) RAP's shall be adjusted for the variation in wage and fringe benefit costs for each region relative to such variation for all other regions through the use of a variable corridor.

(ii) The measurement of the region's variation shall be accomplished by means of the statistical measure of variation, the coefficient of variation, in wage and fringe benefit costs.

(iii) The region with the smallest variation shall receive no corridor. The region with the highest variation shall receive a corridor no greater than a maximum percentage such that the average corridor for all regions in the State shall be approximately plus or minus 10 percent.

(iv) ~~(i)~~ For rate years beginning on or after January 1, 1991, for those regions of the state described in Appendix 13-A, infra, whose Regional Average Dollar Per Hour (RAP), calculated using the financial and statistical data required by section 86-2.2 of this Subpart reported solely for 1987 calendar year operations (1987 RAP) expressed as a percentage of the Statewide RAP for such year in greater than the percentage calculated using the same data reported for 1983 calendar year operations, (1983 RAP), the factors shall be determined utilizing 1987 RAPs and adjusted pursuant to subparagraph (i),

(ii) and (iii) of this paragraph.

(a) Notwithstanding this subparagraph if the utilization of 1987 RAPS to determine the factors would, for any facility within a region described in this sub-paragraph, result in less reimbursement than the continued utilization of the 1983 RAPS to determine the factors, the factors utilized for such facility shall continue to be based on 1983 calendar year data.

(v) For purposes of establishing rates of payment by governmental agencies for residential health care facilities for services provided on and after January 1, 1998, the regional direct and indirect input price adjustment factors to be applied to any such facility's rate calculation shall be based upon the utilization of either 1983, 1987 or 1993 calendar year financial and statistical data. The determination of which calendar year's data to utilize shall be based upon a methodology that ensures that the particular year chosen by each facility results in a factor that yields no less reimbursement to the facility than would result from the use of either of the other two years' data. Such methodology shall utilize the 1983 and 1987 regional direct and indirect input price adjustment factor corridor percentages in existence on January 1, 1997 as well as 1993 regional direct and indirect input price adjustment factor corridor percentage calculated in the same manner as the 1983 and 1987 direct and indirect input price adjustment factor corridor percentages in existence on January 1, 1997.

(2) The corridor established in paragraph (1) of this subdivision shall be applied in each region as follows:

(I) The regional corridor percentage referred to in subparagraph (iii) of paragraph (1) of this subdivision, shall be applied, both negatively and positively to the RAP to arrive at an

amount which when added to or subtracted from the RAP shall represent the maximum and minimum regional dollar per hour, for the region hereafter referred to as the maximum and minimum respectively.

(ii) The facility in each region with the highest facility wage and fringe benefit dollar per hour shall be assigned a facility RAP equivalent to the maximum.

(iii) The facility in each region with the lowest facility wage and fringe benefit dollar per hour shall be assigned a facility RAP equivalent to the minimum.

(iv) Facilities in a region with facility wage and fringe benefit dollars per hour between the highest and lowest facility wage and fringe benefit dollar per hour in such region shall be assigned a facility RAP on a sliding scale, based on the relativity of such facility's labor costs to the RAP and to the highest or lowest labor costs in the region, as applicable.

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(n) Long-term inpatient rehabilitation program for traumatic brain-injured residents (TBI).

[Adjustments to the operating portion of the rates for facilities] Facilities which have been approved to operate discrete units for the care of [patients] residents under the long-term inpatient rehabilitation program for [head-injured patients HI] TBI patients [established pursuant to section 416.11 of this Title] shall [be made] have separate and distinct payment rates for such units calculated pursuant to this section except as follows:

(1) In determining the facility-specific direct [adjustment] adjusted payment price per day pursuant to paragraph (c)(4) of this section for [patient] residents mooting the criteria for and residing in [the HI] a TBI unit, [separate and distinct statewide mean, base and ceiling prices shall be calculated and applied by multiplying the case mix proxy for such patients established by this subdivision times the statewide mean, base and ceiling direct case mix neutral cost per day, respectively.] the case mix index used to establish the statewide ceiling direct price per day for each patient classification group pursuant to subparagraph (iii) of paragraph (3) of subdivision (c) of this section for such residents shall be increased by an

increment of 1.49. In determining the case mix adjustment pursuant to paragraph (6) of subdivision (c) of this section, the case mix index used to calculate the facility specific mean price for each patient classification group shall be increased by an increment of 1.49.

(a) The increment established in paragraph (1) of this subdivision shall be audited and such increment shall be retrospectively or prospectively reduced on a proportional basis if the commissioner determines that the actual staffing reported in the facility's cost report submitted pursuant to this Subpart is less than the staffing pattern required by the Department to operate a TBI unit. A current period audit of current expenses may result in a negative adjustment to the increment on a prospective basis. An audit of prior period expenses may result in a retrospective negative adjustment to the increment.

(2) In determining the indirect component of a facility's rate pursuant to paragraphs (4), (5), and (6) of subdivision (d) of this section for residents meeting the criteria for and residing in a TBI unit, a facility's indirect costs shall be compared to the peer group established pursuant to clause (a) of subparagraph (iii) of paragraph (2) of subdivision (d) of this section.

(3) The noncomparable component of such facilities' rates shall be

determined pursuant to subdivision (f) of this section utilizing the cost report filed pursuant to section 86-2.2(e) of this ~~[section]~~ Subpart including approved actual costs in such cost report for personnel identified in ~~required by section 415.36 of this title~~ Appendix 1 of this State Plan that would be reported in the functional cost centers identified in subdivision (f) of this section.

~~[(4) The provisions of this subdivision will expire on December 31, 1994.~~

TN 95-04 Approval Date JUN 4 - 1999
Supersedes TN 93-04 Eff. Date JAN - 1 1995

(o)(1) [For rate year 1988,] A per diem amount of $4.00 (subject to adjustment pursuant to the provisions of paragraph (2) of this subdivision) increased to the rate year by the projection factors determined pursuant to section 86-2.12 of this Subpart, adjusted by the RDIPAF[,] determined pursuant to paragraph (5) of subdivision (c) of this section, shall be added to each facility's payment rate for each patient whose primary medical problem, as reported in section V.29 of the patient review form (PRI) as contained in subdivision (i) of section 86-2.30 of this Subpart, is dementia, as defined in paragraph (4) of this subdivision, and who is properly assessed and reported by the facility in one of the following patient categories as listed in Appendix 13-A of this Title:

Clinically Complex A

Behavioral A

Reduced Physical Functioning A

Reduced Physical Functioning B

(2) Based on the most current 1986 PRI's filed with the Department, the number of eligible dementia patient days [in 1988,] for Medicaid patients admitted prior to December 31, 1987, is estimated to be 1,750,000. Aggregate changes in such number in excess of 5% shall be deemed to be attributable to factors other than changes in patient condition and shall result in the recalculation and proportionate, prospective reduction of the per diem amount referred to in paragraph (1) of this subdivision.

(3) Facilities to whom the additional amount is paid shall demonstrate and document positive outcomes from implementation or continuation of programs and/or operations and promulgation of policies designed to improve the care of eligible dementia patients. The additional amount shall be recouped from facilities in which positive outcomes are not demonstrated.

(4) The per diem amount referred to in paragraph (1) of this subdivision shall be paid for any patients with the following dementia diagnoses. The dementia diagnosis and related codes and descriptions are taken from the International Classification of Diseases, 9th Revision, Clinical Modification, volume 3 (ICD-9-CM).

ICD-9-CM Code	ICD-9-CM Diagnosis
290.0	Senile dementia Uncomplicated senile dementia NOS, simple type excludes memory disturbance
290.1	Presenile dementia Brain syndrome with presenile brain disease Dementia in: Alzheimer's disease Jakob-Croutzfeldt disease Pick's disease of the brain
290.10	Presenile dementia Uncomplicated presenile dementia NOS, simple type
290.11	Presenile dementia with delirium Presenile dementia with acute confusional state
290.12	Presenile dementia with delusional feature

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290.13	Presenile dementia with depressive features
290.2	Senile dementia with delusional or depressive features
290.21	Senile dementia with depressive features
290.4	Multi-infarct dementia
290.40	Arteriosclerotic dementia
290.41	Arteriosclerotic dementia
290.42	Arteriosclerotic dementia
290.43	Arteriosclerotic dementia
294.0	Wernicke-Korsakoff syndrome (non-alcoholic)
293.81	Organic Brain Syndrome
294.8	Other specified organic brain syndrome
294.9	Unspecified organic brain syndrome
310.1	Organic personality syndrome
310.8	Other specified non-psychotic mental disorders, following organic brain damage

310.9	Unspecified non-psychotic mental disorders following organic brain damage
331.0	Alzheimer's disease
331.1	Pick's disease
331.2	Senile degeneration of the brain
331.3	Communicating hydrocephalus
331.7	Cerebral degeneration in diseases classified elsewhere
331.8	Other cerebral degeneration
331.9	Cerebral degeneration, unspecified
331.89	Cerebral degeneration, NEC
333.4	Huntington's Chorea
437.0	Cerebral atherosclerosis